ing: A man twenty-six years of age, an innkeeper, of good family history and having previously presented no nervous symptoms, on awaking one morning was found to be deaf and dumb. He could neither hear nor speak, but could converse by writing, and no anesthesia, paralysis or other symptom of hysteria could be discovered. The condition had persisted nine weeks when he came under the care of the author. A cure was promptly effected by conveying in writing to the patient the suggestion that he would soon hear again, bringing forward with considerable parade the instruments for Eustachian catheterization, and inflating through the catheter first one and then the other ear. As the right ear was inflated the patient sprang up and said in a whisper that he could hear in that ear, and as the same procedure was applied to the left, he shouted that he could hear everything, and no more treatment was necessary. In speaking of the differential diagnosis, the author calls attention to the fact that in hysterical deafmutism writing, as a rule, is not interfered with, while in speech disturbances, due to focal lesions, agraphia to a greater or less degree is apt to be present. Allen.

165. Ein bemerkenswerther Fall von sogenannter galopirender Paralyse (A Noteworthy Case of Galloping Paralysis). Brassert (Allgem. Zeitschrift f. Psychiatrie, 55, 1899, 5).

This case occurred in a man of forty years of age. He had always been a healthy man. He was taken ill, and in a few weeks developed a typical case of general paresis, with well marked expansive ideas and delusions of grandeur and of power. He was removed to the asylum, and died there after ten days from a series of convulsive seizures, which numbered 99 in twenty-four hours.

The autopsy showed a marked hyperemia of the meninges, atrophy and soggy edema of the left hemisphere, and throughout the brain marked degenerative lesions indicative of grave chronic alcoholic intoxication. Jelliffe.

166. Zur genaueren Localisation der Kleinhirntumoren und ihrer Differentialdiagnose gegenüber acquirirtem chronischem Hydrocephalus internus (Contribution to More Exact Localization of Cerebellar Tumors and their Differential Diagnosis from Acquired Chronic Internal Hydrocephalus). Rudolf Schmidt (Wiener klin. Wochenschrift, No. 51, 1898, p. 1170).

Schmidt reports two cases of cerebellar tumor. One patient had nausea and vomiting when she laid upon her right side. An angiosarcoma was found in the left cerebellar lobe. The other patient had vomiting, vertigo and ringing in the ears when lying on the left side. A glioma of the right cerebellar lobe was found. The tumors in these cases were believed to have compressed the vena magna Galeni or the aqueduct of Sylvius, and to have caused increased intracranial pressure. It is probable that vomiting, vertigo, etc., depending on a lateral position of the body, are symptoms of large tumors near the median line. These symptoms point to disease of the posterior cerebellar fossa. They indicate asymmetry of the intracranial process, and, therefore, are against the diagnosis of idiopathic hydrocephalus (meningitis serosa chronica), or of cysticercus situated mediately in the aqueduct or fourth ventricle, or of hysteria. They are especially valuable in connection with other symptoms of cerebellar growth. Lost knee-jerks speak more for tumor than for idiopathic hydrocephalus. Spiller.

167. Mysticisme et folie (Mysticism and Insanity). A. Marie (Archives de Neurologie, 8, 1899, p. 33).

The author gives a historical introduction showing how, in the eighteenth century, epidemics of religious delirium replaced those of a demoniac form. At those times, cases of illuminism were frequent, Joan of Arc being an instance. In the middle ages, Christianity triumphed over old polytheistic superstitions and new religions of a monotheistic conception were instituted. No more epidemics of lycanthropy were to be seen. God or his representatives haunted the minds of the insane. At those times, an army of prophets arose, and the writings of vulgar demoniacs were hard to differentiate from those of such men as Luther, Calvin or Jean Huss. Religion found its inspiration in fear. Before adoring his gods, man learned to fear them. Primitive religious ceremonies aimed only at calming the anger of some divinity. Victims were needed, and in order to save his own life, man sacrificed animals or his own fellow men. The gods were represented by bodies of waters, wild animals, clouds, etc., the naturalist's religion. Finally the symbol freed itself from the idol. They ceased to adore the animal, but began to venerate and adore its qualities, shrewdness and courage. Zoomorphism was only emblematical, being the mode of a higher conception, that is, a religious language. The gods became human (in a figurative as well as in a literal sense). The idols still had heads of animals, but the body was that of man, or inversely. True anthropomorphism gradually came into play. Primitive fetichism took the place of polytheism, then different countries adopted in preference such and such a divinity as more favorable to certain localities. Hence, the tendency to monotheism, to the belief of one powerful God, man's friend.

The insane, says Lemerie, ignorant of this principle of primary philosophy, imagined or created simpler hypotheses than those they refused to accept, taking up long abandoned theories and ideas. So long as it was believed that gods came upon the earth, Jupiter, Mercury, Apollo, Diana, Venus, were frequent visions to the insane. They thought they were married to Satyrs, to the god Pan, snakes and bulls. In the unreasonable conception of man's mind, angels and devils took the place of gods. Richet says that after a time, the devil lost some of his prestige, and the good angels took his place.

The author brings out in an interesting manner in what different way the two great divisions of Christianity—Catholics or Protestants—were disposed to this form of insanity. According to Marie, one's religion will greatly influence one's insanity. As a general rule, the Catholic is uneasy about his soul, is apprehensive of heavenly punishments, is afraid, in despair. The Protestant's mysticism is a pretension of understanding and explaining the symbols of Scriptures. Pride and prophetic exaltation are its leading features. One is a sinner, the other, a messenger from heaven. The Catholic is doomed, the Protestant, a prophet. According to our author, religious megalomania is found amongst Protestants, and religious melancholia amongst Catholics. It would be interesting to compile statistics upon this question in the asylums of France as well as in other countries. Superstition is present as an unconscious element in the normal brain, but unnoticeable, hidden, so to speak, by complete development of intelligence. Should the mind become affected in some way, then superstition may be a prominent feature. These deliriums have been defined by Meynert: "The appearance of a subconscious superstition in the developed brain."

The medico-legal points brought out are of interest. The insanities are two kinds: The first, divergent, *i. e.*, directed to hurt others; secondly, convergent, *i. e.*, upon themselves. Marié reports a few cases to illustrate his statements, and he comes to the conclusion that religious insanity is the most dangerous form to the patient and to society. On account of their suicidal and homicidal tendencies, they should not be paroled or discharged from asylums. Religious delirium or insanity being very contagious, seclusion should be carried out in order to prevent spreading. These are the only efficient therapeutic measures for these cases. JELLIFFE.

168. DIPHTHERITIC PARALYSIS. Francis Huber. (Pediatrics, 1899. Vol. vii, No. 11, p. 501).

In the majority of cases this condition must be attributed to the toxic effects of the Loeffler bacilli. It occurs in from 10 to 25 per cent. of cases, varying in different epidemics. The treatment of the original disease by antitoxin or otherwise does not appear to have any influence upon the subsequent development, nor does the type, mild or severe, determine its occurrence in any way. The difficulty in deglutition and the return of fluids through the nose occurring during the first week, due to mechanical interference with the functions of the velum by membrane or edema, must not be confounded with real diphtheritic paralysis. The latter, though it may occur as early as the seventh or eighth day, generally manifests itself during convalescence in the second or third week. In some patients the progressive muscular weakness of the body attracts attention, though no paralysis exists. Upon examination paralysis of the soft palate may be found with loss of patella reflex. The absence of patella reflex may be the only evidence of an implication of the nervous system; generally it is associated with paralytic manifestations. The paralysis is the result of a toxic peripheral neuritis—a parenchymatous degeneration of the nerves and not of central origin. Ordinarily the soft palate is first attacked—the nasal twang to the voice, perhaps regurgitation of fluid through the nose and some difficulty in deglutition are observed. If the pharyngeal constrictors are involved food enters the larynx and a spasmodic, croupy cough results. Many of these patients die of an aspiration pneumonia. Upon examination the soft palate appears relaxed and immovable, with diminished sensibility and absence of reflex. The extrinsic and intrinsic muscles of the eyeball are next involved, causing squint, ptosis and loss of accommodation. The paralysis may be confined to one limb; commonly both arms and legs are affected, or paraplegia may result. Frequently there is a weakness of the lower extremities and sometimes general muscular incompetency, but no real paralysis, with absence of tendon reflex. The danger is extreme when the respiratory muscles or heart are implicated. Heart failure may be rapid or come on slowly. The usual form appears during convalescence, at a time when all danger is apparently over. The accident may be the result of an infectious myocarditis or neuritis of the cardiac nerves, and sometimes of thrombosis or embolism. The bladder and rectum usually escape. In rare cases ataxia has been observed. Sensory paralysis may occur, in the form of anesthesia, amaurosis, or deafness. The prognosis is not as grave as one would infer from the condition in which many of the patients are found. A large number run a favorable course in from four to ten weeks. In the treatment of these cases absolute rest must be insisted upon. The general condition must be improved by food, air, tonics, and particularly iron in a digestable form. The remedy *par excellence* is strychnia in full doses, per month, or, in severe cases, hypodermically. Careful massage of the extremities will improve the cutaneous circulation and the condition of the muscles. If respiration is endangered, electricity must be employed in addition to artificial respiration, rythmical traction of the tongue and the subcutaneous administration of strychnia. FREEMAN.